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APPLICANTS

Ulrich Bonne, Hopkins, MN;

Robert Higashi, Shorewood, MN;

Cleopatra Cabuz, Edina, MN;

\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/414,211 09/27/2002  
and claims benefit of 60/432,220 12/10/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 4	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>[Initials]</i>		
Verified and Acknowledged				

ADDRESS

000128  
HONEYWELL INTERNATIONAL INC.  
101 COLUMBIA ROAD  
P O BOX 2245  
MORRISTOWN, NJ  
07962-2245

TITLE

Phased micro analyzer II, IIA

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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